

COMMONWEALTH OF KENTUCKY
REQUEST TO INSPECT PUBLIC RECORDS
RE KRS CH. 61
REQUEST

DATE _____

TO: _____
Name of State Agency

I request to inspect the following document(s): _____

Number of copies of each document requested @ 10¢ a page: _____

Enclosed \$ _____ Check ☐ Money Order ☐

Signature

Company

Address Phone

DISPOSITION

The following disposition was made of the above request: _____

Signature of Custodian

Agency

Amount Received

Date

Please mail or fax Open Records Request form to Sam Crain, Office of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Kentucky 40601, facsimile 502-564-7479.